# State Plan for Independent Living (SPIL) for Vermont for 2021-2023

## General Information

Designated Agency Identification

State: Vermont

Agency: Vermont Division for the Blind and Visually Impaired

Plan for: 2021-2023

Submitted in fiscal year: 2020

View grant 90IS0010-01 in the Grant Award screen.

## Executive Summary

The VT SILC has developed a State Plan for Independent Living that is intended to guide both advocacy groups and state organizations into a collaborative effort that helps meet the needs of people living with disabilities in the state of Vermont.

The plan consists of a continuation of current initiatives, as well as a framework for future initiatives throughout the coming three years. Much of this plan is developed with the impetus placed upon the VT SILC and it’s close network of partner organizations, but a significant portion is also contingent on the larger community of entities in the state that align with the VT SILC’s mission in various ways. Vermont is a small state, which can be an advantage when collaborating as there is a known community of allies that can comfortably work together to effect positive change.

The plan contains objectives that pertain to all of the VT SILC’s sub-committees (Housing, Transportation, Education and Advocacy), but also holds objectives that reach many other known issue-areas in the state. Some examples are: Access to voting, supporting transition-aged youth, promoting cultural competency both internally and externally, improving our healthcare systems and access to it for people with disabilities, transitioning from the Corrections system, as well as other topics. These are the areas in which the VT SILC hopes to align with other groups in order to reach mutually beneficial outcomes.

Much of the plan focuses on methodology that promotes intersecting outcomes. Concepts like the “social determinants of health” or the “housing first model” are essential to the VT SILC promoting the Independent Living principles in the state and to achieving outcomes with greater efficiency. So, while the objectives and activities are broken into categories, the hope is that the positive outcomes from one objective will support progress towards achieving the other activities and objectives in other categories and further the larger goals and mission of the VT SILC and its partners.

The VT SILC and its partners received input from the disability community in Vermont through public hearings specific to the SPIL, as well as gleaning input on specific topics from relevant public events, such as a public forum advocating for healthcare access for people living with disabilities and a webinar discussing Vermont’s Olmstead Plan. Through this approach, the VT SILC has been able to offer the public the opportunity to raise specific issues and areas for the SPIL to focus on, as well as give input to areas that the VT SILC is already committed to working in.

Increased funding available to the CIL as the result of the coronavirus health crisis has and is being used to promote IL among people with disabilities – particularly among the most vulnerable population groups. The SILC has also been active in distributing its emergency preparedness planners for use during the crisis.

 It is the VT SILC’s pleasure to offer this plan as guidance for an inclusive and coordinated approach towards furthering the principles and ideals of the Independent Living movement in the state of Vermont.

### 1.1 Mission

*Describe the overall goals and mission of the State's IL programs and services. The SPIL must address the goals and mission of both the SILS and the CIL programs, including those of the State agency for individuals who are blind as they relate to the parts of the SPIL administered by that agency.*

Mission Statement: The mission of the Vermont Statewide Independent Living Council is to advance the equality with which people with disabilities enjoy, participate in, and contribute to the lives of their communities, families and friends.

**1.2 Goals**

Goal 1: Expansion of Independent Living in Vermont

Goal Description:

The State of Vermont maintains a strong vision for the expansion of Independent Living services for people with disabilities. The VTSILC continues to develop a network of partners to further the IL model and philosophy in the state. The partnership reaches beyond with the inclusion of the SILC fulfilling its responsibilities as defined by the Rehab Act and providing the appropriate input in an effort to assure that the Independent Living needs in the State are being addressed in the best way possible given the afforded resources.

The IL partners, through directions steered by the VTSILC’s ability to gather and assess public input, provide Independent Living services primarily through contracts to Vermont’s Centers for Independent Living and the Vermont Association for the Blind and Visually Impaired. The DSE takes full responsibility for administering the Part B funds and all contracts developed and administered by the Division of Vocational Rehabilitation and the Division for the Blind and Visually Impaired.

The goals, as defined by Vermont’s IL partners, strive to address the needs of people with disabilities. The respective State Plan for Independent Living identifies the independent living service programs designed to provide the necessary support and infrastructure to potentially achieve the goals. The focus includes increased public awareness of Independent Living, and the removal of systems barriers. Development, support and delivery of Independent Living services; development of services to underserved areas; leadership development; and general education initiatives relative to disability issues and Independent Living will remain a priority. The IL partners in Vermont will continue to focus on issues related to the Olmstead Plan including community integration, personal assistance, transportation, affordable housing, corrections issues and removal of employment barriers. The IL partners also consider emergency preparedness for people with disabilities to be of utmost importance and have started to educate citizens with disabilities and organizations on developing preparedness plans and informing intake processes.

And the DBVI’s mission is to support the efforts of people in Vermont who are blind and visually impaired to achieve or sustain their economic independence, self-reliance, and social integration to a level consistent with their interests, abilities and informed choices. Together as Independent Living partners, and DBVI serving as the State’s Designated State Entity for the purposes of the VR and IL programs, Vermont maintains a team that works efficiently and effectively with people’s best interest as a priority.

**Goal 2** - CIL operations and Core services administration

**Goal Description:**

VCIL, founded in 1979, is a statewide, non-profit organization directed and staffed by individuals with disabilities. The organization is responsible for the operation of Vermont’s two Centers for Independent Living. Their goal is to effectively provide the following four core services: information referral and assistance (IR&A), peer counseling, Independent Living skills training, and individual and systems advocacy. The mission of the Vermont Center for Independent Living (VCIL) is to work to promote the dignity, independence, and civil rights of people in Vermont with disabilities. VCIL is committed to cross-disability services, the promotion of active citizenship, and working with others to create services that support self-determination and full participation in community life.

VCIL’s principal source of funding is through Title VII, Part C of the Rehabilitation Act. It receives additional funding, through contracts with the DSE, under Title VII, Part B of the Act, to conduct systems advocacy activities and to operate a program that helps people with disabilities access assistive technology and funding to relocate from nursing homes to their own homes.

**Goal 3** - DBVI provision of Core Independent Living services

**Goal Description:**

DBVI’s mission is to support the efforts of people in Vermont who are blind and visually impaired to achieve or sustain their economic independence, self-reliance, and social integration to a level consistent with their interests, abilities and informed choices. Their goal is to effectively provide the following four core services: information and referral, peer advocacy and community outreach, individual and group skills training, and systems advocacy.

DBVI provides comprehensive Independent Living services to Vermonters who are blind or visually impaired, either directly or through contract with the Vermont Association for the Blind and Visually Impaired (VABVI). These services are funded through Title VII, Chapter 1, Part B, and are available to consumers statewide.

**Goal 4** - Increase and diversify methodology for VTSILC’s systems-level advocacy of IL

**Goal Description**: The VTSILC is committed to working with it’s partners that are both systems-level advocacy groups, as well as direct service providers, to improve current, and develop new, direct-service programs and education initiatives based on gaps in current services, marginalized populations, and changing needs. A primary driver for the VTSILC’s efforts on a systems level is increasing awareness of PWD’s Social Determinants of Health, thus increasing the quality of life for PWDs in VT across several fronts simultaneously. The VTSILC will continue to increase its network of partners, be they organizations or individuals, to help identify marginalized populations and their needs.

### 1.3 Objectives

Each objective is listed below by category. It has an associated goal(s), as well as the timeframes for the objective, specific activities for reaching the objective, and the indicators that will be used for evaluating the SILC’s completion of the objectives.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal(s) from Section 1.1** | **Objective to be achieved** | **Time frame start date** | **Time frame end date** |
| 1, 2, 3, 4 | **Housing Objective(s)**:1. Continue to hold events centered around the Olmstead Decision.
2. Get feedback and develop input for the VT Olmstead Plan.
3. Advocate for suitable housing transitions for PWDs during COVID-19 crisis. Promote Housing First model and input from PWDs
4. Increase the awareness and access to affordable, accessible and integrated housing for Vermonters with disabilities.
5. Monitor legislative activity. Educate administration and legislators on needs of housing in the disability community and about consumer choice.
6. Cultivate relationships with local and state housing authorities, housing non-profits and housing advocates and promote IL principles in housing models
7. Support the Housing First model and promote its intersection with IL principles.

**Indicators:** Number of units, vacancy rate, length of waiting lists, length of time on waiting lists, Successful transitions into Independent Living**Necessary Activities:*** Continue with Olmstead Webinars/Summits.
* Coordinate with housing advocacy and disability organizations on housing priorities.
* Align with housing advocacy groups around promoting and advising on housing issues in the state.
* Build relationships and coordinate with Pathways VT, the Vermont Affordable Housing Coalition, Vermont Council on Homelessness, Coalition to End Homelessness, and the Vermont AHS Housing Coordinator.
* Educate new lawmakers on housing issues that affect PWDs in VT.

**Lead Organizations:** Pathways VT, VCIL, SILC**Key Partners:** VAHC, Vermont Council on Homelessness, Agency of Human Services Housing Coordinator, State and local housing authorities, Coalition to End Homelessness, Vermont Housing and Conservation Board, Pathways to Housing, Agency of Human Services, Department of Aging and Independent Living, Department of Mental Health.**Resources needed:** Staff time for Pathways, VCIL, SILC and volunteers (stipend/mileage reimbursement)**Funding Sources:** Part B grant for SILC, Part C grant for VCIL, Vermont Housing and Conservation Board, Department of Aging and Independent Living, USDA, HUD, Department of Mental Health. | 10/1/20209/30/202110/1/202010/1/202010/1/202010/1/202010/1/202010/1/202010/1/2020 | 9/30/202110/1/20229/30/20229/30/20239/30/20239/30/20239/30/20239/30/20239/30/2021 |
| 1,2,3,4 | **Education Objective(s):** 1. Provide information and consultation to educators that improves their ability to facilitate an equitable environment for all of their students, including their students with disabilities. Increase adoption rate of Include!
2. Align with VCESES and other organizations/entities that promote inclusion and equity in classrooms
3. Research and assess the new funding models and methodology of special education in VT.

**Indicators:** Post secondary graduation rate, post secondary employment rate, accessibility of individual schools, number of schools using Include! Percentage of time PWDs (students) are included in classroom activities. Numbers of schools (or teachers) that integrate Include! into lessons, Outcomes from AOE under new special education models and guidelines**Necessary Activities:** * Finalize new Include! content regarding mental health needs, cultural competence needs and anti-bullying policy.
* Presentations and consultations with educators/school administrators; number of teachers/schools using the Include! materials. Number of complaints of discrimination/bullying (and does it change with schools using Include!).
* Work with AOE, Voc Rehab and Department of Mental Health, VT Federation of Families of Children's Mental Health, VCIL Youth Transition team to facilitate adoption of Include,
* Work with partners to develop new content for Mental Health awareness and other new SPIL objectives.
* Monitor legislative activities.

**Lead Organization:** SILC,**Key Partners:** Include! Contractors, Department of Blind and Visually Impaired, Voc Rehab, Department of Mental Health, VCIL, Green Mountain Self Advocates, Vermont Family Network, Department Rehabilitation of VT, Vermont Coalition of Disability Rights partners, special educators, school officials.**Resources needed:** Volunteer time of council members (stipend/mileage reimbursement), staff time of SILC employee**Funding Sources:** SILC Resource Plan | 10/1/202010/1/202010/1/202010/1/2021 | 09/30/20239/30/20219/30/20239/30/2022 |
| 1, 2, 3, 4 | **Employment Objective(s):** 1. Assessment of policies and programs designed to support PWD in becoming employed
2. Facilitate increased employment among PWDs. Educate employers about the favorable ROI of employing PWDs.
3. Provide training and information to PWDs on legal rights, supports and services as they pertain to employment.

**Indicators**: Percentage of PWDs employed in VT, number of PWDs working in state government, cost related to supporting people with disabilities in employment.**Necessary Activities:** * Continue to support Public Assets Institute study and report on PWDs and employment
* Work closely with State Rehabilitation Council, Voc Rehab and Governor’s Committee on Employment for People with Disabilities to further promote employing PWDs
* Use existing materials to distribute to Vermont employers about the benefits of employment for PWDs.
* Develop presentation materials in partnership with the SRC for distribution among chambers of commerce.
* Promote the VCIL Title I Employment training for people with disabilities.
* Monitor legislative activities (federal/state).

**Lead Organizations:** VTSILC, VTSRC**Key Partners:** VR, Governor’s Committee on Employment for People with Disabilities, VTSRC, VT Chamber of Commerce, VCIL, National Council on Independent Living.**Resources needed:** Staff time of SILC employee, volunteer hours of SILC council members (stipend/mileage)**Funding Sources**: Part B Grant, Federal and State grants | 10/01/2019 | 09/30/2020 |
| 1, 2 | **Healthcare Objective(s):** 1. Educate medical providers and hospital personnel on disability etiquette and Deaf Culture and laws related to disability.
2. Educate and inform PWDs in Vermont on how to access healthcare services and best practices during COVID-19
3. Work with Visiting Nurse Assoc., Public Health Centers, Local Emergency Planning groups, Mental Health centers, DAIL and AHS to integrate Emergency Planner into intake processes
4. Educate hospitals and work in partnership on Care Transitions projects about providing more information about long-term care options for PWDs.
5. Advocate for Choices for Care/Self-self directed care programs
6. Advocate for programs or funding to support preventative and wellness activities among PWDs such as yoga, massage and meditation.

**Indicatorss:** Number of trainings provided to PWDs, How many individuals served, number of issues raised relating to PWDs accessing healthcare, Organizations that adopt Emergency Planner into intake processes**Necessary Activities:** * Reach out and distribute educational and instructional materials to healthcare providers to educate them on specific needs of PWDs.
* Continue to produce and distribute Emergency Planner
* Look for opportunities to support initiatives that help PWDs in Vermont access medical equipment, medicine and healthcare
* Monitor and comment on policy work related to the changing health care systems in Vermont

**Lead Organizations:** VCIL, Vermont Coalition on Disability Rights, Green Mountain Self Advocates, Developmental Disabilities CouncilKey Partners: SILC, VT211, Affordable Care Organizations, Department of Blind and Visually Impaired, Aging and Disability Resource Center, Deaf Vermonters Advocacy Services, Department of Health.**Resources Needed:** Staff time of VCIL and Department of Blind and Visually Impaired, training (from State)**Funding Sources:** Federal and State grants | 10/01/2019 | 09/30/2020 |
| 1,2,3,4 | **Mental Health Objectives:** 1. Work with community partners to educate the public about a person-directed and inclusive approach to Mental Health issues.
2. Align with peer-directed mental health organizations on policy and programs for people with psychiatric disabilities.
3. Facilitate more MH services among corrections population.
4. Provide resources and education re substance abuse and psychiatric disabilities.

**Indicators:** Number of articles posted to SILC website. Number of inmates receiving Mental Health services, PWDs that receive Mental Health services as alternatives to hospitalization and incarceration. Number of people trained in alternative approaches to law enforcement/mental health crises.**Necessary Activities:** * Advocate IL principles in approaches to Mental Health treatment.
* Advocate for fair housing in Mental Health community through Olmstead webinars/summits
* Finalize section of Include! curriculum that educates the general student population and promotes inclusion of students with Mental Health issues.
* Work with the Dept. of Mental Health to identify existing materials that inform providers about Mental Health services as alternatives to hospitalization or incarceration.
* Review new content for Include! on Mental Health inclusion in schools.
* Promote access to Mental Health services in rural areas of Vermont
* Monitor legislative (federal/state) activities and advocate for alternatives and choice within the Mental Health system and within the corrections systems.
* Promote integration of Emergency Planner in Mental Health service provider intake processes

**Lead Organizations:** Department of Mental Health, VCIL, SILC**Key Partners:** VT Association for Mental Health and Addiction Recovery, Vermont Psychiatric Survivors, Disability Rights VT, VCIL, SILC, National Association Mental Illness**Resources needed:** Staff time of VCIL, SILCFunding Sources: SILC resource plan, Department of Mental Health, Substance Abuse Mental Health Services Administration, VCIL | 10/01/2019 | 09/30/2020 |
| 1,2,3,4 | **Transportation Objective(s):** 1. Advocate for improved transportation options for rural Vermonters.
2. Advocate for PWDs to have choice/flexibility in transportation options, targeting particularly underserved regions of the state.
3. Continue to provide feedback and input on development of new public transit models
4. Educate PWDs in Vermont about public transportation options.
5. Participate in forums and summits around transportation to advocate for PWDs

**Indicators:** Baseline number of trips. % Change in program sponsored trips, number of people attending forums, number of people educated in ridership**Necessary Activities**: Provide education and technical assistance regarding PWDs accessing transportation, particularly the GoVT program. Educate transportation personnel on how to work with PWDs. Reach out to PWDs to engage them about issues with access to transportation Monitor and comment on state/federal legislation related to transportation.**Lead Organizations:** SILC, VCIL**Key Partners:** VTrans, Department of Vermont Health Access, Medicaid, PWDs in VT, National Council on Independent Living Transportation Subcommittee, Department of Blind and Visually Impaired, Vermont Coalition Disability Rights**Resources needed:** Staff time of SILC employee, volunteer hours of council members (stipend/mileage).**Funding Sources:** VTrans, SILC Resource Plan, Agency of Human Services | 10/01/2019 | 09/30/2020 |
| 1, 2, 3, 4 | **Corrections Objective(s):** 1. Bring together people with disabilities and advocacy organizations working within the corrections system to put together an advocacy agenda that addresses the needs of people with disabilities who are incarcerated
2. Align with the service providers who are helping PWDs transitioning out of the Corrections system into housing and employment
3. Advocate for IL principles in approaches to Mental Health within the Corrections system

**Indicators:** Successful transitions out of DOC system, VocRehab outcomes, baseline number of incarcerations of PWDs, **Necessary Activities:*** Collect data about people with disabilities and incarceration rates
* Identify and meet with stakeholders in the DOC transition system
* Develop advocacy initiatives with other interested parties

**Lead Organizations**: DRVT, SILC, VocRehab, VCIL**Key Partners:** SILC, Dept. of Corrections, Justice for All, State Rehab Council, GMSA**Resources needed:** Staff time and Council volunteer hours, Data from DOC and VocRehab **Funding Sources:** SILC resource plan. | 10/01/2019 | 09/30/2020 |
| 1,2,3,4 | **Voting Objective:** 1. Educate PWD’s about their rights to vote and changes in voting process resulting from COVID-19.
2. Identify existing barriers to voting.
3. Ensure that remote-voting implementation retains accessible
4. Make sure all PWDs in each polling region know where to access transportation to polls (if in-person)

**Indicators:** Baseline PWDs that vote. % change after educational and outreach efforts.**Necessary Activities:** * Align with advocacy efforts of DRVT around voting accessibility in VT
* Monitor and comment on Secretary of State’s implementation of remote voting.
* Seek public input on specific voting places that are not accessible..
* Promote the Disability Rights VT election hotline on election day.
* Create a “polling place” section to Accessible Adventures.

**Lead Organizations:** VT Sec of State, Disability Rights VT**Key Partners:** VCIL, SILC**Resources needed:** Staff time, Volunteer hours of Council Members**Funding Sources:** SILC Resource Plan, VCIL, Help America Vote Act | 10/01/2019 | 09/30/2020 |
| 1,2,3,4 | **Transition Objective(s):** 1. Support programs in youth transition that have a strong focus on independent living which includes peer-directed philosophy within a transition to postsecondary education or employment.

**Indicators:** High school and post secondary graduation rate, post secondary employment rate, employment rate after high school, supports and services for Persons With Disabilities in employment.**Necessary Activities:** Establish ties to current transition programs and groups in the stateDistribute existing materials of available transition resources. Have a presentation on Transition programs at SILC Quarterly meeting from Youth Transition CoordinatorDistribute existing educational materials around transition.Actively recruit youth membership of the VTSILC Promote the Deborah Lisi-Baker Youth Leader award.**Lead Organizations:** SILC, VCIL,Voc Rehab Department of Blind and Visually Impaired,**Key Partners:** VCIL, Vermont Family Network, Green Mountain Self Advocates, Agency Of Education, Developmental Disabilities Council, State Rehab Council, Department of Disability and Aging Services, Department Mental Health**Resources needed**: Staff time of VCIL, Staff time of SILC, Innovation & Expansion funds | 10/01/2019 | 09/30/2020 |
| 1,2,3,4 | **Emergency Planning Objective(s):** 1. Facilitate emergency planning in the state by distributing Emergency Planner.
2. Integrate planner into intake forms of organizations that serve PWDs in Vermont.
3. Ensure that facilities serving PWDs in an emergency have appropriate accessible transportation resources.

**Indicators:** Number of planners produced, number of planners distributed, number of PWDs with an emergency preparedness plan.**Necessary Activities:*** Continue to produce planners via DBVI.
* Distribute kits to PWDs and organizations in Vermont.
* Connect PWDs with service providers who can assist in completing the Emergency Planner.
* Work with AHS, DAIL, VTrans, VCIL and/or DRVT to develop (or use existing) maps of PWDs locations in rural areas that might need extra transportation resources during an emergency.

**Lead Organizations:** SILC**Key Partners:** DAIL, VTrans, VCIL, AHS. DRVT, Direct Service Organizations with intake forms, Emergency Planning and Response Organizations, **Resources needed:** Staff time of DBVI, VCIL and SILC**Funding Sources:** SILC Resource Plan | 10/01/2019 | 09/30/2020 |
| 1, 2, 3, 4 | **Cultural Competence Objective:** 1. Engage the VTSILC in trainings on cultural competency.
2. Align with advocacy groups that generate cultural competence and diversity content, specifically around disability inclusion,for authorities and peers
3. Finalize section of Include! curriculum that educates general student population about disability diversity issues, and promotes inclusion of ALL students.

**Indicators:** Number of presentations given regarding cultural competence, Trainings completed, materials distributed**Necessary Activities**: * Participate in cultural competency training at full SILC meeting
* Review completed relevant sections of Include!
* Network with other groups that are doing advocacy work around inclusion

**Lead Organizations:** SILC, VCIL, Green Mountain Self Advocates,**Key Partners:** JFA, Vermont Coalition of Disability Rights, NCIL**Resources needed:** State and federal funds, staff time of SILC employee**Funding Sources:** SILC Resource Plan | 10/01/2019 | 09/30/2020 |

**1.4 Evaluation**

*Describe the method(s) that will be used and the timelines for periodically evaluating the effectiveness of the plan in meeting the objectives established in section 1.3 and achieving the desired outcomes. The description must include the SILC’s evaluation of satisfaction by individuals with significant disabilities who have participated in the Independent Living services and/or CIL services. The Evaluation should be outcomes focused and should measure progress toward achieving objectives, goals, and mission. Measurable objectives, indicators, target performance levels, and target dates will facilitate the development and implementations of the SPIL Evaluation plan.*

Below is a table outlining the methodologies that the SILC will use in measuring the outcomes of its objectives and activities over the course of the SPIL. The indicators. activities themselves, and their timelines, are presented in the table above (1.3).

|  |  |
| --- | --- |
| **Goal(s) and the related Objective(s) from Sections 1.2 and 1.3** | **Method that will be used to evaluate** |
| Goals 1,2,3,4All Objectives | The SILC will establish and maintain a method for the evaluation, monitoring and review of the goals, objectives and overall effectiveness of the SPIL. This process will include assessment for meeting the State's objectives and timelines, and satisfaction of individuals with disabilities regarding access and use of IL services. Tools will be used and further developed to access statistics and assess results that may not be available through other reporting mechanisms. An annual survey, specific to the SPIL goals and objectives will be developed and disseminated through the SILC, DSUs, VCIL and VABVI. |
| Goals 1,2,3,4All Objectives | The State agrees to annually submit the required results of DSE and SILC evaluation of activities, including the most recent evaluation of Title VII consumer satisfaction, with the annual performance report to RSA. SPIL goals and objectives are reviewed regularly by the SPIL workgroup which includes members of the SILC, DSE and relevant partners. A full and detailed reconciliation will be done annually |

##

### 1.5 Financial Plan

*Describe in sections 1.3A and 1.3B, below, the financial plan for the use of Federal and non-Federal funds to meet the SPIL objectives.*

#### Financial Plan Tables

* *Sources, uses of, and efforts to coordinate funding to be used to accomplish the SPIL Goals and Objectives. Process for grants/contracts, selection of grantees, and distribution of funds to facilitate effective operations and provision of services.*
* *Complete the table below for each fiscal year of the plan – indicate the fiscal year(s) for the table – table can cover 1 year, 2 years, or all 3 years. If you anticipate the same sources, amounts, and uses of funding for the full, 3-year SPIL period, only complete the table once. If you anticipate any differences, complete a separate table for each year that will have differences. Include dollar amounts, in whole dollars, for each source and use of funds.*
* *If more than 30% of the Part B appropriation is to be used for the SILC Resource Plan, a justification must be included in section 5.2.*
* *NOTE: The DSE may not retain more than 5% of the total of the Part B appropriation for administrative costs.*

|  |
| --- |
| **Fiscal Year(s): FY 2021** |
| **Sources**  | **Projected Funding Amounts and Uses** |
|  | SILC Resource Plan  | IL Services  | General CIL Operations  | Other SPIL Activities | Retained by DSE for Administrative costs |
| **Title VII Funds** |  |  |  |  |  |
| Chapter 1, Subchapter B (including state match) | 90000Match: 9000 | 222000Match: 22200 | 150000Match: 15000 | 90000Match: 9000 | 0 |
| Chapter 1, Subchapter C | 0 | 0 | 0 | 839761 | 0 |
|  |  |  |  |  |  |
| **Other Federal Funds** |  |  |  |  |  |
| Sec. 101(a)(18) of the Act (Innovation and Expansion) | 5000 | 0 | 0 | 0 | 0 |
| Social Security Reimbursement | 0 | 0 | 0 | 0 | 0 |
| CARES Act | 0 | 0 | CARES VCIL North Grant: $655,837CARES VCIL South Grant: $285,458 | 0 | 0 |
| Other | 0 | 250000 | 149772 | 0 | 0 |
|  |  |  |  |  |  |
| **Non-Federal Funds** |  |  |  |  |  |
| State Funds |  | 75000 | 1261240 |  |  |
| Other |  |  | 141500 |  |  |

|  |
| --- |
| **Fiscal Year(s): FY 2022** |
| **Sources**  | **Projected Funding Amounts and Uses** |
|  | SILC Resource Plan  | IL Services  | General CIL Operations  | Other SPIL Activities | Retained by DSE for Administrative costs |
| **Title VII Funds** |  |  |  |  |  |
| Chapter 1, Subchapter B (including state match) | 90000Match: 9000 | 222000Match: 22200 | 150000Match: 15000 | 90000Match: 9000 | 0 |
| Chapter 1, Subchapter C | 0 | 0 | 0 | 839761 | 0 |
|  |  |  |  |  |  |
| **Other Federal Funds** |  |  |  |  |  |
| Sec. 101(a)(18) of the Act (Innovation and Expansion) | 5000 | 0 | 0 | 0 | 0 |
| Social Security Reimbursement | 0 | 0 | 0 | 0 | 0 |
| CARES Act | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 250000 | 149772 | 0 | 0 |
|  |  |  |  |  |  |
| **Non-Federal Funds** |  |  |  |  |  |
| State Funds |  | 75000 | 1261240 |  |  |
| Other |  |  | 141500 |  |  |

|  |
| --- |
| **Fiscal Year(s): FY 2023** |
| **Sources**  | **Projected Funding Amounts and Uses** |
|  | SILC Resource Plan  | IL Services  | General CIL Operations  | Other SPIL Activities | Retained by DSE for Administrative costs |
| **Title VII Funds** |  |  |  |  |  |
| Chapter 1, Subchapter B (including state match) | 100010Match:10010 | 238684Match:23868.4 | 150000Match:15000 | 100010Match:10010 | 0 |
| Chapter 1, Subchapter C | 0 | 0 | 0 | 839761 | 0 |
|  |  |  |  |  |  |
| **Other Federal Funds** |  |  |  |  |  |
| Sec. 101(a)(18) of the Act (Innovation and Expansion) | 5000 | 0 | 0 | 0 | 0 |
| Social Security Reimbursement | 0 | 0 | 0 | 0 | 0 |
| CARES Act | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 250000 | 149772 | 0 | 0 |
|  |  |  |  |  |  |
| **Non-Federal Funds** |  |  |  |  |  |
| State Funds | 0 | 75000 | 1261240 | 0 | 0 |
| Other | 0 | 0 | 141500 | 0 | 0 |

|  |
| --- |
|  |

##### Section 2: Scope, Extent and Arrangements of Services.

**2.1 Services**

*Services to be provided to persons with significant disabilities that promote full access to community life including geographic scope, determination of eligibility and statewideness*

*Check the appropriate boxes in the SPIL Instrument table indicating the types of IL services to be provided to meet the objectives identified in section 1.3 of this SPIL, and whether the services will be provided by the CILs or by the DSE (directly and/or through contract or grant) or other entity.*

|  |  |  |  |
| --- | --- | --- | --- |
| Independent living services | Provided using Part B (check to indicate yes) | Provided using other funds (check to indicate yes; do not list the other funds) | Entity that provides (specify CIL, DSE, or the other entity) |
| Core Independent Living Services, as required:* Information and referral
* IL skills training
* Peer counseling
* Individual and systems advocacy
* Transition services including:
* Transition from nursing homes & other institutions
* Diversion from institutions
* Transition of youth (who were eligible for an IEP) to post-secondary life
 | Yes | Yes  | CIL, DSE |
| Yes | No | CIL, DSE |
| Yes | No | CIL, DSE |
| Yes | Yes | CIL |
| Yes | Yes | CIL, DSE |
| Counseling services, including psychological, psychotherapeutic, and related services | Yes | No | DSE |
| Services related to securing housing or shelter, including services related to community group living, and supportive of the purposes of this Act and of the titles of this Act, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with disabilities)Note: CILs are not allowed to own or operate housing. | Yes | Yes | CIL |
| Rehabilitation technology | Yes | No | CIL, DSE |
| Mobility training | Yes | No | CIL, DSE |
| Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services | Yes | No | CIL, DSE |
| Personal assistance services, including attendant care and the training of personnel providing such services | Yes | Yes | CIL, DSE |
| Surveys, directories and other activities to identify appropriate housing, recreation opportunities, and accessible transportation, and other support services | Yes | No | CIL, DSE |
| Consumer information programs on rehabilitation and independent living services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act | Yes | No | CIL, DSE |
| Education and training necessary for living in the community and participating in community activities | Yes | Yes | CIL, DSE |
| Supported livingNote: CILs are not allowed to own or operate housing. | NoYes | No | CIL |
| Transportation, including referral and assistance for such transportation and training in the use of public transportation vehicles and systems | Yes | Yes | CIL, DSE |
| Physical rehabilitation | Yes | No | CIL, DSE |
| Therapeutic treatment | Yes | No | CIL |
| Provision of needed prostheses and other appliances and devices | Yes | Yes | CIL, DSE |
| Individual and group social and recreational services | Yes | Yes | CIL, DSE |
| Training to develop skills specifically designed for youths who are individuals with disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options | Yes | Yes | CIL, DSE |
| Services for children | Yes | Yes | CIL, DSE |
| Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance, of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with disabilities | Yes | Yes | CIL, DSE |
| Appropriate preventive services to decrease the need of individuals with disabilities for similar services in the future | Yes | No | CIL |
| Community awareness programs to enhance the understanding and integration into society of individuals with disabilities | Yes | Yes | CIL, DSE |
| Such other services as may be necessary and not inconsistent with the Act | Yes | Yes | CIL, DSE |
|  |  |  |  |

**2.2 Outreach**

*Definition of Unserved and Underserved:*

*How services will be made available to populations that are unserved/underserved by Part B and Part C (including minority groups and urban and rural populations) and how outreach will be conducted..*

Vermont’s Independent Living programs will strive to be increasingly responsive to the needs of underserved disability populations and geographic areas that are un-served or underserved. There will be a focus on increased service to people who are a part of these groups or residents of the areas identified. The SILC in collaboration with VCIL and the DSEs will collaborate and work together to determine an updated status regarding underserved areas in Vermont. The VTSILC and VCIL will use data from direct-service and advocacy groups in the state to identify who in the disability community is underserved. The VTSILC and VCIL will then commit resources and outreach to underserved communities by targeted outreach. VCIL will then hire someone to focus on continued outreach and coordinating services to the underserved groups/communities.

Already identified underserved communities are New Americans, and People of Color, the Deaf and hard of hearing community, The Abenaki community and migrant farm workers.

This objective will promote a philosophy of Independent Living including consumer control, peer support, self-help, self-determination and equal access. Individual and systems advocacy will maximize the independence of individuals with significant disabilities, and help to further integration and inclusion.

The SILC, DSE and VCIL will confer annually to determine goals and strategies that can offer improvement regarding Independent Living services regionally. The initial approach will be to provide additional outreach in the southern part of the state, to address the Deaf and hard of hearing community, Northeastern and central part of the state, to address the migrant farm worker community, and Northwestern part of the state to address the refugee communities there. Target areas will be developed and expanded with further data from the outreach efforts detailed previously.

VCIL has completed a cultural competency internal evaluation and has developed strategies for reaching out to people with disabilities who are also people of color or are from the LGBTQ community. The SILC and VCIL will complete outreach to these communities. The SILC and DSE will require an annual report from all recipients of Part B funds on their outreach work to minority populations and underserved disability groups and the results of their efforts.

DBVI, in its efforts to reach all Vermonters who might benefit from services for individuals who are blind or visually impaired, will continue its outreach and education efforts to underserved Vermonters. An area of particular priority includes the increasing ethnic and racial minority populations. DBVI will continue to develop collaborative relationships with the following in an effort to improve its outreach to minority populations in Vermont: the Vermont State Refugee Coordinator, Minority Health Director at Vermont Department of Health, Community Health Center in Burlington, Vermont Partnership for Fairness and Diversity (Formerly ALANA), Brattleboro Aids Project, Abenaki Self-Help Association, and the Rutland providers group. All of these have a strong connection with minority groups in Vermont. Translated brochures in multiple languages will continue to be provided to the groups for distribution to individuals with limited English proficiency

**2.3 Coordination**

*Plans for coordination of services and cooperation among programs and organizations that support community life for persons with disabilities*.

*Describe plans for coordination and cooperation between the SILC, CILs, and DSE and with other entities, programs, organizations. Include specific methods and efforts for each entity included.*

Vermont fosters cooperation, coordination and working relationships that will support the Independent Living movement. The small size of the State is conducive to cooperative working relationships. The SILC has active representation from the Vermont Center for Independent Living and from the DSE. These mandated representatives, along with the DSE’s liaison to the SILC, participate in the quarterly council meetings, and are also active with committees and workgroups when appropriate. The need for representation by SILC members, CIL staff and DSE representatives will be assessed and appointments made, as appropriate, to a variety of working groups such as the Vermont Coalition for Disability Rights board of governors and the State Rehabilitation Council.

The VTSILC also has representation on the Green Mountain Care Board (GMCB) General Advisory Committee and the Medicaid-Exchange Advisory Board, to advocate for PWDs on the subject of healthcare. The VTSILC also assists in finding solutions to any concerns that arise from those groups relating to people with disabilities.

In this last year, the VTSILC and other groups have made a very serious effort to create an initiative to evaluate and comment on the State Olmstead plan and the other housing issues facing the state. Working together in this way to align our goals saves resources and ensures that we are not duplicating efforts. There is a commitment to collaboration in an effort to improve opportunities and equality for people with disabilities while trying to increase Independent Living services in Vermont.

### 1.6 Coordination of Services

*Describe how IL services funded under chapter 1 of title VII of the Act will be coordinated with and complement other services to avoid unnecessary duplication with other Federal, State, and local programs, including the OIB program authorized by chapter 2 of title VII of the Act, that provide IL- or VR-related services.*

The IL partners in Vermont recognize the importance of coordination with regard to the focus and programs that address special education, vocational education, developmental disability services, public health, mental health services, housing and transportation. The Centers for Independent Living and the DSE maintain communication and provide reporting that prevents duplication of services. This is also an area that benefits from Vermont’s small size and its greater potential for statewide internal awareness of the status of services and their effectiveness.

The State takes steps that maximize the communication, cooperation, coordination, and working relationships among -

a) the SILS program, the SILC and CILs; and

b) the DSE(s), other State agencies represented on the SILC, other councils that address the needs of specific disability populations and issues, and other public and private entities, including Indian Tribal Councils, determined to be appropriate by the SILC.

The State ensures that services funded under Chapter 1 will complement and be coordinated with other services to avoid unnecessary duplication with other Federal, State, and local programs, including the IL program for older individuals who are blind funded under Chapter 2 of Title VII.

The State coordinates Federal and State funding for CILs and SILS, and includes coordination of services with the veterans' services and programs under XVIII - XX of the Social Security Act.

Specific examples of coordination are:

* The Part B funds that are contracted by the DSE to VCIL in an effort to further SPIL objectives and support the Center’s work via the The Sue Williams Freedom Fund which provides funding for services and equipment to help people with disabilities achieve or maintain independence in their own homes. Part B funding is also contracted for information and assistance, outreach, Peer Advocacy Counseling (PAC), skills training, and community and consumer based systems advocacy activities.
* $10,010 additional will be allocated to the Sue Williams Freedom Fund, managed by the Vermont Center for Independent Living. This largely comes in the form of various assistive technologies. Historically, the program has been able to help people who had the following disabilities: Congestive Heart Failure, COPD, Developmental Disability, Stroke, Arthritis, Hearing Loss, Stiff Man Syndrome, Deaf, Chronic Pain, Lissencephaly and a Cortical Visual Impairment. SWFF does not prioritize based on type of disability; it prioritizes based on getting a person out of a nursing home or rehab center, or assisting parents with disabilities who are in danger of losing custody of their children.
* DBVI provides comprehensive Independent Living services to Vermonters who are blind or visually impaired, either directly or through contract with the Vermont Association for the Blind and Visually Impaired (VABVI). These services are funded through Title VII, Chapter 1, Part B, and are available to consumers statewide. They include: information and referral services related to life skills training; mobility training; transportation services; physical rehabilitation; adaptive aids and appliances; benefit programs such as Medicaid, Medicare, Social Security, Veterans Benefits, personal assistance, and Children with Special Health Needs; and community resources such as VABVI, Councils on Aging, VCIL, support groups, the Disabilities Law Project, etc. DBVI, through the contract with VABVI, provides orientation and mobility services in and outside the home; training in using low vision strategies, self-care, performing activities of daily living, and using accessibility aids; and rehabilitation teaching. Skill-building services such as socialization, self-care, performing activities of daily living, and career development, specifically targeted to adolescents and young adults are included in the focus. DBVI provides, directly or through contract, opportunities for peer counseling, psychotherapeutic and adjustment counseling, loss/grief counseling, and counseling for substance abuse, short-term crisis, and other issues.
* The Vermont Association for the Blind and Visually Impaired (VABVI) is under contract with DBVI to provide services under Title VII, Chapter 2 of the Rehabilitation Act -- Independent Living services for Older Individuals who are Blind and visually impaired. For the past 19 years, VABVI has conducted the Low Vision and Rehabilitative Services Project, a statewide program offering low vision and rehabilitative services, adjustment counseling, and independent living skills training to Vermonters who are visually impaired and age 55 and older. This program also provides optometry services through the use of professionals and utilizes volunteers in providing other services. VABVI’s Information and Referral Service with Statewide Toll-free access provides callers with information regarding assistive technology, rehabilitation and mobility training, benefits programs, civil rights, transportation, health care, personal assistance, community resources, and other topics of interest to individuals who are blind or visually impaired living in Vermont.
* The additional $6,674 earmarked for the Department of Blind and Visually Impaired (DBVI) will be utilized for case services, as per current SPIL language.
* The SPIL activity that coordinates Federal and State funding for CILs is a contract awarded to VCIL recommended by the SILC contract and administered by DBVI. VCIL is contracted by the DSE to perform IL services related to the Sue Williams Freedom Fund and peer advocacy outreach. Additionally, that contract includes $51, 250 of general legislative funds from the Vermont State Department of Disabilities, Aging and Independent Living to provide IL services.
* The OIB Funds included in the financial plan, are contracted to the Vermont Association for the Blind and Visually Impaired to offer direct services related to rehabilitation and independent living skills training. The program provides services to people who are blind or visually impaired and over the age of 55.
* The VTSILC will use extra funding to further the reach of the Sue Williams Freedom Fund in 2021. The goal, with this additional funding, is to eliminate the waiting list and develop strategies to sustain the program at this level. This will enable more PWDs to access medical equipment and personal care attendant services during the COVID-19 public health crisis. The amount will be determined based on the size of the program’s waiting list/demand
* $40,000 will be a sub-recipient grant to VCIL in order to establish a Volunteer Coordinator position. This funding will support two years of service. The Volunteer Coordinator will work with peers and other volunteers of VCIL to coordinate services for people with disabilities in underserved communities.
* In response to COVID-19 through an assessment of peers, it was determined that distributing care packages, food and supplies, as well as creating a fund, were the best methods to help support individuals continue to live independently. VCIL will continue to have supplies available to people with disabilities in need including disinfecting wipes, alcohol wipes, hand sanitizer, face masks, toilet paper, paper towels and other hard to get supplies depending on how the public health crisis unfolds.
* VT SILC and VCIL may work with local vendors to purchase and distribute food to peers to support them through the COVID-19 public health crisis
* VCIL will administer a new program the RISE fund which will provide up to $2,500 per eligible individual with a disability for supplies, services and equipment that will help the individual continue to live independently during the pandemic. Costs covered, may include- food delivery, rent, mortgage, utility, technology loan, assistive technology and equipment, prescription delivery, internet access, technical support.
* The VTSILC will continue to monitor systems being developed during the pandemic and will advocate for individuals with disabilities in those systems. Resources may be allocated to supporting PWDs that are being affected by these circumstances

**Section 3: Network of Centers**

**3.1 Existing Centers**

*Current Centers for Independent Living including: legal name, geographic area and counties served, and source(s) of funding. Oversight process, by source of funds, and oversight entity.*

*List the CILs located in the state including:*

* *Legal name of the CIL*
* *Geographic area/counties served by the CIL (full CIL services vs. limited services – for example, a program provided in areas not served by the CIL for core services or a satellite office of a CIL that provides the core services but not all of the services provided by the full CIL)*
* *Current sources of funding– not including amounts (Part B, Part C, State General Revenue, Other Federal, Other)*

*Explain the criteria for defining the CIL network, bearing in mind that those CILs included in the network should be those eligible to sign the SPIL.*

**Vermont Center for Independent Living**

Part B and Chapter 2 funds are the primary source of funding for SILC operations and Independent Living services contracts that are awarded to Vermont’s Centers for Independent Living. The state will contribute 10% of the funds to match the Part B funding. VCIL operates two centers for Independent Living: VCIL North & VCIL South. Together they serve the entire state of Vermont with offices in Montpelier, Bennington, Brattleboro, Rutland, Burlington, Morrisville and White River Junction. The CILs provide four core independent living services to individuals and groups of individuals with disabilities:

1. Information, referral and assistance
2. Independent Living skills training
3. Peer counseling
4. Individual and systems advocacy

VCIL offers information, referral & assistance that serves all of Vermont and responds to requests for information on disability-related topics and issues. There is a dedicated IR&A specialist and all program staff are responsible for responding to IR&A questions. Knowledgeable specialists with good listening skills and data search abilities provide callers with up-to-date information about resources for Independent Living such as housing, assistive technology, personal assistance, transportation, employment, rights under the Americans with Disabilities Act, health care, and federal and state programs (such as public assistance, Medicaid, Social Security, Vocational Rehabilitation, Medicare, etc.).

VCIL continues to work as a part of the Vermont Aging and Disabilities Resource Connection (ADRC). VCIL’s IR&A specialists are required to become certified through the Alliance of I&R systems (AIRS), which has a certification program that evaluates the competence of I&R practitioners. In addition, VCIL has established a comprehensive resource center at its central office that provides information on topics of interest to Vermonters with disabilities. VCIL?s library contains hundreds of books, articles, periodicals, videotapes, audiotapes, and computer disks, as well as information about resources that can be downloaded from the World Wide Web, DIMENET, and other on-line services.

Independent Living Skills Training

VCIL offers skills training through workshops and facilitated groups at its central office, branch offices, and accessible meeting spaces throughout Vermont. Topics covered include: managing personal assistance; civil rights and Independent Living; consumer rights and responsibilities, advocacy skills, preparing meals and sexuality and relationships. In addition, peer advocacy counselors provide individual training to peers in self-advocacy, accessing community resources, and other skills necessary for maintaining an independent lifestyle. Skills trainings are offered in a community meeting setting where peers work with other peers. The skills learned are then adopted in the community. An example of a skills training offered annually is How to Work with your Legislator. Each year this skill building workshop is offered in different locations throughout the state. After the workshop, peers meet with their local legislators to test their new skills.

Peer Advocacy Counselors

PACs provide information, support, and training in self-advocacy to persons with disabilities, including individuals who are Deaf or hard of hearing, enabling them to achieve self-help goals and learn skills for living as independently as possible. The overall mission of the Peer Advocacy Counseling Program is to increase the independence, dignity, and human rights of people with disabilities in dealing with the issues that affect their lives, through the provision of information and peer support. VCIL has two peer advocacy counselors who focus on the needs of Deaf and hard-of-hearing persons and on a cross-disability basis. Locally-based peer advocacy counselors meet with peers in their homes in communities throughout Vermont and at VCILs office locations throughout the state. VCIL also offers, in several locations, support groups through which peers assist and empower each other, plan recreational activities and work on skill building activities.

Advocacy is the centerpiece of VCIL's efforts to achieve systems and community change. In addition to training consumers in strategies for individual advocacy, VCIL conducts a wide range of activities to improve public policy and the delivery of services affecting people with disabilities, particularly in the areas of personal assistance, employment, health care, and transportation. These include:

* Convening and supporting consumer task forces
* Developing an annual Advocacy Agenda
* Informing grassroots advocates of issues and advocacy needs through peer alerts, newsletters, and public presentations
* Conducting legislative and grassroots advocacy supporting state general fund appropriations for programs that enhance the Independent Living options and opportunities for people with disabilities in Vermont
* Representing consumer interests on policy committees and boards such as: Vermont Access Board, Vermont Affordable Housing Coalition, DAIL Advisory Board, Governors Committee on the Employment of People with Disabilities, State Rehabilitation Council, Vermont Assistive Technology Coordinating Council, Regional Long Term Care Coalitions, the SSI Mandatory Managed Care Advisory Committee, Medicaid Waiver regional teams, regional transportation boards, committees, and councils, and New England ADA Technical Assistance Center
* Monitoring and testifying at legislative and regulatory hearings
* Working with members of the Deaf community to increase communication access and the availability of certified ASL interpreters in Vermont
* Conducting non-partisan voter registration and education activities
* Working in coalition with other organizations through the Vermont Coalition for Disability Rights and other cross-disability and single-disability groups.

VCIL has focused peer counseling programs in these areas:

* Youth Transition Program: serves high school students and young adults with disabilities who are motivated to learn independent living skills and self-direction in their lives, to successfully transition from school to community integration, and to mentor their peers, in turn.
* Deaf Independence Program: serves as an important resource for Vermonters who are Deaf or hard of hearing to reach personal and professional goals in education, employment, communication, recreation, finance, and housing, while providing a resource for legal or other issues that might arise in reaching these goals.
* AgrAbility: Provides Information and Referral for farmers, as well as on-site home and agricultural assessments, and recommends ways to safely continue to farm after acquiring a disability. This may include how to restructure work tasks or operations, explore alternative enterprises, and/or modify farm equipment and tools.

Other VCIL Services:

* VCIL operates four programs that provide consumers with financial and technical assistance in order to obtain assistive technology, personal assistance, and home modifications, which can enable them to achieve Independent Living goals.
* The Sue Williams Freedom Fund (SWFF) is funded through a contract awarded annually by the United States Department of Education and dispersed by the DSE. Consumers are assisted in developing Independent Living plans, identifying the resources that will meet their needs (assistive technology, personal assistance, transportation, and other goods and services), and purchasing these goods and services from vendors and providers. Program staff also coordinates with vendors, volunteers, and sources of additional funding, materials, and/or labor; maintain quality control; review and update program procedures as needed; and authorize payments to providers.
* The Sue Williams Freedom Fund, a partnership supported by the IL partners, provides assistive technology and other purchased services that help individuals with disabilities move out of nursing homes or other restrictive setting or increase their independence and community participation.
* The Home Access Program (HAP) assists consumers in modifying home entrances and bathrooms to make them accessible. The HAP staff review applications for assistance; helps consumers develop plans for access modifications; coordinates with local contractors, volunteers, and sources of additional funding, materials, and/or labor; networks with funding agencies and other providers; and advocates for affordable housing. VCIL has income caps for our Home Access Program, as required by the primary funding source, the Vermont Housing and Conservation Board. HAP staff provides Home Access information, peer counseling, technical assistance and advocacy assistance to individuals of all ages, but provide assistance funding to those who fall within the specific poverty guidelines set by the State.
* The Meals on Wheels Program, which is for people with disabilities 60 years of age and under, assists those with chronic conditions who are unable to prepare their own meals and have no one to help with meal preparation. The program ensures that qualified individuals receive at least one hot meal a day and provides a daily check-in (often the only contact a person has), which provides an opportunity to identify any additional needs. The program is set up to meet nutritional needs in 3 different ways; emergency, short term and long term. Funding is provided through the Vermont Department of Disabilities, Aging and Independent Living.

**Division For The Blind And Visually Impaired**

DBVI provides comprehensive Independent Living services to Vermonters who are blind or visually impaired, either directly or through contract with the Vermont Association for the Blind and Visually Impaired (VABVI). These services are funded through Title VII, Chapter 1, Part B, and are available to consumers statewide.

DBVI, through its four regionally-based rehabilitation associates, provides: information and referral services related to life skills training; mobility training; transportation services; physical rehabilitation; adaptive aids and appliances; benefit programs such as Medicaid, Medicare, Social Security, Veterans Benefits, personal assistance, and Children with Special Health Needs; and community resources such as VABVI, Area Agencies on Aging, VCIL, support groups, the Disabilities Law Project, etc.

DBVI, through contract with VABVI, provides orientation and mobility services in and outside the home; training in using low vision strategies, self-care, performing activities of daily living, and using accessibility aids; and rehabilitation teaching. Also provided through contract with VABVI are skill-building services such as socialization, self-care, performing activities of daily living, and career development.

DBVI provides, directly or through contract, peer counseling, psychotherapeutic and adjustment counseling, loss/grief counseling, and counseling for substance abuse, short-term crisis, and other issues.

DBVIs rehabilitation associates provide advocacy assistance to individual consumers in obtaining services such as Medicaid, Medicare, SSI/SSDI, Veterans Benefits, housing, assistive technology, medical assistance, etc. DBVI addresses systems advocacy need through collaborative research and demonstrations of new technology and through the identification of new resources for transportation.

DBVI also provides, directly or through contract, the following services:

**Case management**

**Rehabilitation technology assessments**: Evaluation and recommendations for technical solutions to vision loss;

**Transportation**: Assistance in obtaining and paying for transportation necessary to achieve independent living goals;

Physical rehabilitation: assistance in paying for medical services, eyeglasses and contact lenses, medical equipment and supplies, optical aids, hearing evaluations and hearing aids;

**Assistive devices and appliances**: assistance in paying for items such as Braille and audible timepieces, calculators, note-takers, tape recorders, tactile labeling devices, canes, needle-threaders, tactile and large-print telephones, etc;

Recreational services: participation in group activities; provision of adapted aids such as Braille and large-print games and playing cards;

**Services to family members;** information regarding disability, medical awareness training, etc.

**3.2 Expansion and Adjustment of Network**

*Plan and priorities for use of funds, by funding source, including Part B funds, Part C funds, State funds, and other funds, whether current, increased, or one-time funding, and methodology for distribution of funds. Use of funds to build capacity of existing Centers, establish new Centers, and/or increase statewideness of Network.*

*Provide a detailed description of the plans for expanding, building, and/or adjusting the statewide network of CILs based on increased funding, new funding, one-time funding, or cuts in funding, including but not limited to:*

* *Definition of served, unserved, and underserved.*
* *Minimum funding level for a Center and formula/plan for distribution of funds to ensure that each Center receives at least the minimum.*
* *Priorities for establishment of new CIL(s).*
* *Action/process for distribution of funds relinquished or removed from a Center and/or if a Center closes.*
* *Plan to build capacity of existing CILs and/or expand statewideness by establishing branch offices and/or satellites of existing CILs.*
* *Plan/formula for distribution of new funds (Part B, Part C, one-time funds, etc.)*
* *Plan/formula for adjusting distribution of funds when cut/reduced.*
* *Plan for changes to Center service areas and/or funding levels to accommodate expansion and/or adjustment of the Network. State the needed change(s) as concretely and succinctly as possible. Include:*
	+ *CILs included in the change*
	+ *New counties/areas assigned to (or removed from) involved CILs*
	+ *Changes in funding agreed upon or state “no funding changes needed.”*

*Remember: The SPIL may be amended by agreement of the SILC and a majority of the CILs when needed. If details are not specific enough, there could be significant delays in the distribution of new funding.*

VCIL covers the entire service area of Vermont. VCIL has been working to build a reserve to cover the costs of operation for three months in case there is a significant loss in funding. In addition, VCIL operates multiple state grants that they would continue to operate. However, they would have very limited capacity to operate and offer the core services of the CIL if federal funding was relinquished or terminated and the board would then need to decide next steps around operation. The services lost would include peer advocacy counseling, skill building trainings, individual and systems advocacy and nursing home transition work.

Vermont has coverage of IL Services throughout the entire state. Offices are not available in every region, but access to services is available through a central call in number. Underserved areas in Vermont include Addison County, Northeast Kingdom and Franklin/Grand Isle Counties. Underserved populations include the Deaf community. While VCIL has picked up and offers additional services to the Deaf community, the closing of the Austine School came with shutting down of services and changing the providers of services that Deaf people have come to rely on in Vermont. In addition, underserved populations include people of color and New Americans.

**Section 4: Designated State Entity**

 (name of entity) will serve as the entity in (name of state) designated to receive, administer, and account for funds made available to the state under Title VII, Chapter 1, Part B of the Act on behalf of the State.[[1]](#footnote-1)

**4.1 DSE Responsibilities**
(1) receive, account for, and disburse funds received by the State under this chapter based on the plan;

(2) provide administrative support services for a program under Part B, and a program under Part C in a case in which the program is administered by the State under section 723;

(3) keep such records and afford such access to such records as the Administrator finds to be necessary with respect to the programs;

(4) submit such additional information or provide such assurances as the Administrator may require with respect to the programs; and

(5) retain not more than 5 percent of the funds received by the State for any fiscal year under Part B for the performance of the services outlined in paragraphs (1) through (4).

**4.2 Grant Process & Distribution of Funds**

*Grant processes, policies, and procedures to be followed by the DSE in the awarding of grants of Part B funds.*

*Describe the processes, policies, and procedures to be followed by the DSE in the awarding of grants of Part B funds including:*

* *Process for soliciting proposals*
* *Development of format for proposals*
* *Process for reviewing proposals and who reviewers will be*
* *Process for evaluating performance and compliance of grantees*

*(The above must also specify any differences for continuation funding vs. new awards.)*

The SILC typically uses the VT VocRehab business office to generate contracts and related RFPs. The standard format is used. The reviewers have historically been the SILC Executive Director, SILC Chair, and other members of the SILC Executive Committee. The SILC uses the State’s process for reviewing proposals. The DSE evaluates compliance.

**4.2 Grant Process & Distribution of Funds**

*Grant processes, policies, and procedures to be followed by the DSE in the awarding of grants of Part B funds.*

*Describe the processes, policies, and procedures to be followed by the DSE in the awarding of grants of Part B funds including:*

* *Process for soliciting proposals*
* *Development of format for proposals*
* *Process for reviewing proposals and who reviewers will be*
* *Process for evaluating performance and compliance of grantees*

*(The above must also specify any differences for continuation funding vs. new awards.)*

The Division of the Blind and Visually Impaired, serving as the DSE, provides Independent Living services, using Part B Funds and a contractual arrangement with VCIL to fulfill the responsibilities defined as core services.

VABVI is the primary service provider contracted by the Division for the Blind and Visually Impaired, to provide the services identified elsewhere, which include a priority focus on orientation and mobility, rehabilitation teaching, peer group support, and training in the use of low-vision devices. These contracts are awarded annually.

**4.3 Oversight Process for Part B Funds**

*The oversight process to be followed by the DSE.*

*Describe the oversight process for:*

* + *Part C (alone or in combination with Part B or other funds) oversight by ACL/OILP*
	+ *Part B (when no Part C is received) oversight by DSE*
	+ *Other funds included in 1.4 Financial Plan*
	+ *723 States*

*NOTE: Pursuant to 45 CFR 1329.15(c)(4), the DSE may not include any conditions or requirements in the SILC’s Resource Plan that may compromise the independence of the SILC.*

The DSEs, the SILC, VCIL and VABVI have an understanding that assures that the direct provider of IL services will be responsible for appropriate systems for eligibility determination, IL service assessment, plan development and program operations using Part B grant funding administered by the State.

**4.4 Administration and Staffing**

Administrative and staffing support provided by the DSE.

*Explain how the DSE will demonstrate that not more than 5% of the Part B appropriation (including state match) will be used on administrative costs.*

*When DSE employees serve as staff to the SILC, describe how the SILC will hire, fire, and supervise such staff.*

*Describe how the DSE will assure that such staff will not be assigned to other projects/activities that would create a conflict of interest with their SILC responsibilities.*

The DSE does not have a method for demonstrating this as it does not typically incur administrative costs, nor do it’s employees serve as VTSILC staff.

**4.5 State Imposed Requirements**

*State-imposed requirements contained in the provisions of this SPIL including:[[2]](#footnote-2)*

* *State law, regulation, rule, or policy relating to the DSE’s administration or operation of IL programs*
* *Rule or policy implementing any Federal law, regulation, or guideline that is beyond what would be required to comply with 45 CFR 1329*
* *That limits, expands, or alters requirements for the SPIL*

*Describe any requirements imposed by the State that is in addition to the Act and the IL regulations. Requirements may be with regard to:*

* *Establishment and operations of the SILC*
* *Provision of and uses of State funding for Independent Living services and/or the SILC*
* *Any other requirements having a direct impact on the SILC, CILs, IL services, and/or processing of funding*

*Describe how the DSE will ensure compliance with state-imposed requirements without restricting the autonomy of the SILC in fulfilling its duties, authorities, and responsibilities.*

The VTSILC needs to develop a specific plan to ensure there is no conflict with State-imposed requirements. There are no known State requirements that currently restrict the autonomy of the SILC.

**4.6 722 vs. 723 State**

*Check one: To indicate which applies to your state*

 722 (if checked, will move to Section 5) Yes

 723 (if checked, will move to Section 4.7)

**4.7 723 States**

*Order of priorities for allocating funds amounts to Centers, agreed upon by the SILC and Centers, and any differences from 45 CFR 1329.21 & 1329.22.*

*Describe the order of priorities for allocating funds, how agreement of the SILC and CILs was secured, and differences (if any) from the priorities in the regulations.*

*How state policies, practices, and procedures governing the awarding of grants to Centers and oversight of the Centers are consistent with 45 CFR 1329.5, 1329.6, & 1329.22*.

*Describe the processes, policies, and procedures to be followed in the awarding of grants of Part B and Part C funds including:*

* *Process for soliciting*
* *Development of format for proposals*
* *Process for reviewing proposals and who reviewers will be*
* *Process for evaluating performance and compliance of grantees*

*The above must also specify any differences for continuation funding vs. new awards.*

**Section 5: Statewide Independent Living Council (SILC)**

**5.1 Establishment of SILC**

*How the SILC is established and SILC autonomy is assured.*

**5.2 SILC Resource plan**

*Resources (including necessary and sufficient funding, staff/administrative support, and in-kind), by funding source and amount, for SILC to fulfill all duties and authorities.*

In conjunction with the DSE, the SILC will prepare a Resource Plan (SILC Budget) for the provision of resources, cash or in-kind, including staff and personnel, rent, supplies, telephone expenses, travel, and other expenses (e.g., child care, personal assistance services, and compensation to a member of the SILC, if the member is not employed or must forfeit wages from other employment, for each day the member is engaged in performing SILC duties) that will be necessary to carry out the functions of the SILC during the term of the SPIL.

The SILC operates with one contracted executive director based on an agreement of an average of thirty hours per week. This contract requires that the executive director provide administrative and management function and office space. The contracted professional assumes expenses for regular office and operational costs, does not receive benefits, and is responsible for all relevant taxes and insurance. There are conference rooms located at the central office of VCIL and the Waterbury State Complex (where the DSE is located) which are often used for committee and council meetings. These rooms are also used for other small professional meetings.

The SILC will be responsible for the proper expenditure of funds and the use of resources it receives as defined by the approved SILC Budget. No conditions or requirements are included in the SILC Budget that will compromise the independence of the SILC.

While assisting the SILC in carrying out its duties outlined by the SPIL, staff and other personnel assigned to the SILC under the SILC Budget will not be assigned duties by the DSE or other agency or office of the State that would create a conflict of interest.

*Process used to develop the Resource Plan.*

.

The DSE, The Division for the Blind and Visually Impaired, receives, accounts for, and disburses funds received by the State under Chapter 1 in accordance with the SPIL. They provide administrative support services for the part B State IL services (SILS) program and the part C, Chapter 1, CIL program. Appropriate record keeping is assured with respect to any funded programs. DVR provides IL services through a contract with VCIL and is available to provide technical support and training upon request. DBVI provides IL services through a contract with VABVI and is available for training and technical support. DVR also supports the SILS by maintaining a liaison position that facilitates communication and coordination between the SILC and the DSE.

*Justification if more than 30% of the Part B appropriation is to be used for the SILC Resource Plan.*

The SILC Resource Plan accounts for about 36% of the Part B award for Vermont (222,000). The justification of this percentage being over 30% is as follows:

* Vermont is a minimal allotment State and a rural state as well. Programs, outreach efforts and a centralized information center, (our websites), are critical to keep Independent Living services available under these circumstances.
* The SILC employs minimal staff and is reliant on a series of informational websites to manifest our Independent Living policies. Funds have been allocated to websites and maintenance just as we’ve undergone the development of a new website, and migrated all existing, relevant content to a new server.
* The SILC sponsors and supports a series of events across the state and throughout the year.
* Travel is reimbursed for SILC members that advocate at these events and the SILC provides financial support for the informal organization that manages many of the statewide gatherings.

Still, the largest use of the Part B grant is to support the lone Vermont CIL so that they can administer direct services.

**5.3 Maintenance of SILC**

*How State will maintain SILC over the course of the SPIL.*

#####  The Vermont Governor's office makes appointments to new membership on the SILC. It maintains a current roster, as well as processes applications.

 The VT SILC has an internal application process as well.

**Section 6: Legal Basis and Certifications**

* 1. Designated State Entity (DSE)

The state entity/agency designated to receive and distribute funding, as directed by the SPIL, under Title VII, Part B of the Act is .

Authorized representative of the DSE Fred Jones Title Executive Director, Division for the Blind and Visually Impaired .

* 1. Statewide Independent Living Council (SILC)

The Statewide Independent Living Council (SILC) that meets the requirements of section 705 of the Act and is authorized to perform the functions outlined in section 705(c) of the Act in the State is \_\_\_\_\_\_\_\_VT SILC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

* 1. Centers for Independent Living (CILs)

The Centers for Independent Living (CILs) eligible to sign the SPIL, a minimum of 51% whom must sign prior to submission, are:

 VCIL North

 VCIL South

6.4 Authorizations

6.4.a. The SILC is authorized to submit the SPIL to the Independent Living Administration, Administration for Community Living. (Yes/No)

6.4.b. The SILC and CILs may legally carryout each provision of the SPIL. (Yes/No)

6.4.c. State/DSE operation and administration of the program is authorized by the SPIL.

 (Yes/No)

**Section 7: DSE Assurances**

The Division for the Blind and Visually Impaired will serve as the entity in Vermont designated to receive, administer, and account for funds made available to the state under Title VII, Chapter 1, Part B of the Act on behalf of the State.

**7.1. The DSE acknowledges its role on behalf of the State, as the fiscal intermediary to receive, account for, and disburse funds received by the State to support Independent Living Services in the State based on the plan;**

Yes

**7.2. The DSE will assure that the agency keeps appropriate records, in accordance with federal and state law, and provides access to records by the federal funding agency upon request;**

Yes

**7.3. The DSE will not retain more than 5 percent of the funds received by the State for any fiscal year under Part B for administrative expenses;**

Yes

**7.4. The DSE assures that the SILC is established as an autonomous entity within the State as required in *45 CFR 1329.14*;**

Yes

**7.5. The DSE will not interfere with the business or operations of the SILC that include but are not limited to:**

**1. Expenditure of federal funds**

**2. Meeting schedules and agendas**

**3. SILC board business**

**4. Voting actions of the SILC board**

**5. Personnel actions**

**6. Allowable travel**

**7. Trainings**

Yes

**7.6. The DSE will abide by SILC determination of whether the SILC wants to utilize DSE staff:**

**1. If the SILC informs the DSE that the SILC wants to utilize DSE staff, the DSE assures that management of such staff with regard to activities and functions performed for the SILC is the sole responsibility of the SILC in accordance with Sec. 705(e)(3) of the Act (Sec. 705(e)(3), 29 U.S.C.796d(e)(3)).**

Yes

7.7. The DSE will fully cooperate with the SILC in the nomination and appointment process for the SILC in the State;

7.8. The DSE shall make timely and prompt payments to Part B funded SILCs and CILs:

1. When the reimbursement method is used, the DSE must make a payment within 30 calendar days after receipt of the billing, unless the agency or pass-through entity reasonably believes the request to be improper;

2. When necessary, the DSE will advance payments to Part B funded SILCs and CILs to cover its estimated disbursement needs for an initial period generally geared to the mutually agreed upon disbursing cycle; and

3. The DSE will accept requests for advance payments and reimbursements at least monthly when electronic fund transfers are not used, and as often as necessary when electronic fund transfers are used, in accordance with the provisions of the Electronic Fund Transfer Act (15 U.S.C. 1693-1693r).

The signature below indicates this entity/agency’s agreement to: serve as the DSE and fulfill all the responsibilities in Sec. 704(c) of the Act; affirm the State will comply with the aforementioned assurances during the three-year period of this SPIL; and develop, with the SILC, and ensure that the SILC resource plan is necessary and sufficient (in compliance with section 8, indicator (6) below) for the SILC to fulfill its statutory duties and authorities under Sec. 705(c) of the Act, consistent with the approved SPIL.

Name and Title of DSE director/authorized representative

Signature Date

Electronic signature may be used for the purposes of submission, but hard copy of signature must be kept on file by the SILC.

**Section 8: Statewide Independent Living Council (SILC) Assurances and Indicators of Minimum Compliance**

**8.1 Assurances**

8.1 Assurances

 Samuel E. Liss acting on behalf of the SILC Vermont SILC located at 43 State St, ℅ L64, Second Floor West, Montpelier, VT, 05602, vtsilcdir@gmail.com, (802) 560 8091 *45 CFR 1329.14* assures that:

1. The SILC regularly (not less than annually) provides the appointing authority recommendations for eligible appointments;
2. The SILC is composed of the requisite members set forth in the Act;
3. The SILC terms of appointment adhere to the Act;
4. The SILC is not established as an entity within a State agency in accordance with 45 CFR Sec. 1329.14(b);
5. The SILC will make the determination of whether it wants to utilize DSE staff to carry out the functions of the SILC;
	1. The SILC must inform the DSE if it chooses to utilize DSE staff;
	2. The SILC assumes management and responsibility of such staff with regard to activities and functions performed for the SILC in accordance with the Act.
6. The SILC shall ensure all program activities are accessible to people with disabilities;
7. The State Plan shall provide assurances that the designated State entity, any other agency, office, or entity of the State will not interfere with operations of the SILC, except as provided by law and regulation and;
8. The SILC actively consults with unserved and underserved populations in urban and rural areas that include, indigenous populations as appropriate for State Plan development as described in Sec. 713(b)(7) the Act regarding Authorized Uses of Funds.

**Section 8.2 Indicators of Minimum Compliance**

Indicators of minimum compliance for Statewide Independent Living Councils (SILC) as required by the Rehabilitation Act (Section 706(b), 29 U.S.C. Sec 796d-1(b)), as amended and supported by 45 CFR 1329.14-1329.16; and Assurances for Designated State Entities (DSE) as permitted by Section 704(c)(4) of the Rehabilitation Act (29 U.S.C. Sec. 796c(c)(4)), as amended.

1. STATEWIDE INDEPENDENT LIVING COUNCIL INDICATORS. –
2. SILC written policies and procedures must include:
	1. A method for recruiting members, reviewing applications, and regularly providing recommendations for eligible appointments to the appointing authority;
	2. A method foridentifying and resolving actual or potential disputes andconflicts of interest that are in compliance with State and federal law;
	3. A process to hold public meetings and meet regularly as prescribed in 45 CFR 1329.15(a)(3);
	4. A process and timelines for advance notice to the public of SILC meetings in compliance with State and federal law and 45 CFR 1329.15(a)(3);
	5. A process and timeline for advance notice to the public for SILC “Executive Session” meetings, that are closed to the public, that follow applicable federal and State laws;
		1. “Executive Session” meetings should be rare and only take place to discuss confidential SILC issues such as but not limited to staffing.
		2. Agendas for “Executive Session” meetings must be made available to the public, although personal identifiable information regarding SILC staff shall not be included;
	6. A process and timelines for the public to request reasonable accommodations to participate during a public Council meeting;
	7. A method for developing, seeking and incorporating public input into, monitoring, reviewing and evaluating implementation of the State Plan as required in 45 CFR 1329.17; and
	8. A process to verify centers for independent living are eligible to sign the State Plan in compliance with 45 CFR 1329.17(d)(2)(iii).
3. The SILC maintains regular communication with the appointing authority to ensure efficiency and timeliness of the appointment process.
4. The SILC maintains individual training plans for members that adhere to the SILC Training and Technical Assistance Center’s SILC training curriculum.
5. The SILC receives public input into the development of the State Plan for Independent Living in accordance with 45 CFR 1329.17(f) ensuring:
	1. Adequate documentation of the State Plan development process, including but not limited to, a written process setting forth how input will be gathered from the state’s centers for independent living and individuals with disabilities throughout the state, and the process for how the information collected is considered.
	2. Allmeetings regarding State Plan development and review are open to the public and provides advance notice of such meetings in accordance with existing State and federal laws and 45 CFR 1329.17(f)(2)(i)-(ii);
	3. Meetings seeking public input regarding the State Plan provides advance notice of such meetings in accordance with existing State and federal laws, and 45 CFR 1329.17(f)(2)(i);
	4. Public meeting locations, where public input is being taken, are accessible to all people with disabilities, including, but not limited to:
		1. proximity to public transportation**,**
		2. physical accessibility, and
		3. effective communication and accommodations that include auxiliary aids and services, necessary to make the meeting accessible to all people with disabilities.
	5. Materials available electronically must be 508 compliant and, upon request, available in alternative and accessible format including other commonly spoken languages.
6. The SILC monitors, reviews and evaluates the State Plan in accordance with 45 CFR 1329.15(a)(2) ensuring:
	1. Timely identification of revisions needed due to any material change in State law, state organization, policy or agency operations that affect the administration of the State Plan approved by the Administration for Community Living.
7. The SILC State Plan resource plan includes:
	1. Sufficient funds received from:
		1. Title VII, Part B funds;
			1. If the resource plan includes Title VII, Part B funds, the State Plan provides justification of the percentage of Part B funds to be used if the percentage exceeds 30 percent of Title VII, Part B funds received by the State;
		2. Funds for innovation and expansion activities under Sec. 101(a)(18) of the Act, 29 U.S.C. Sec. 721(a)(18), as applicable;
		3. Other public and private sources.
	2. The funds needed to support:

i. Staff/personnel;

ii. Operating expenses;

iii. Council compensation and expenses;

iv. Meeting expenses including meeting space, alternate formats, interpreters, and other accommodations;

v. Resources to attend and/or secure training and conferences for staff and council members and;

vi. Other costs as appropriate.

The signature below indicates the SILC’s agreement to comply with the aforementioned assurances and indicators:

Name of SILC chairperson

Signature Date

Electronic signature may be used for the purposes of submission, but hard copy of signature must be kept on file by the SILC.

**Section 9: Signatures**

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the VT SILC and the centers for independent living in the state agree with and intend to fully implement this SPIL’s content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is October 1, 2020

SIGNATURE OF SILC CHAIRPERSON DATE

NAME OF SILC CHAIRPERSON

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)

SIGNATURE OF CIL DIRECTOR DATE

NAME OF CIL DIRECTOR

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)

SIGNATURE OF CIL DIRECTOR DATE

NAME OF CIL DIRECTOR

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)

SIGNATURE OF CIL DIRECTOR DATE

NAME OF CIL DIRECTOR

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)

SIGNATURE OF CIL DIRECTOR DATE

NAME OF CIL DIRECTOR

(INSERT ADDITIONAL CILS AS NEEDED)

Electronic signatures may be used for the purposes of submission, but hard copy of signature must be kept on file by the SILC.

1. Sec. 704(c). [↑](#footnote-ref-1)
2. 45 CFR 1329.17(g). [↑](#footnote-ref-2)